

CAIR Mass Vaccination Module – Submitting Clinic Data

Guide for Local Health Department Partners

CAIR CALIFORNIA IMMUNIZATION REGISTRY

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH – IMMUNIZATION BRANCH

1

Before you start...

- ✓ Talk to your local health department to make sure you have an account.
- ✓ Organize your information. You can only submit records for one clinic at a time.
- ✓ Estimate how many records you will enter at that sitting. If you have to stop early, submit the records you've entered. You cannot save information without submitting it. Remember to make note of where you stopped so that you can start your data entry where you left off.

2

- Go to: <https://massvac.cdph.ca.gov/>
- Enter your username and password. (The Immunization Branch will provide new users with a password. Previous user passwords are valid.)

Welcome to the CAIR Mass Vaccination website

E-Mail:

Password:

Sign On

Click "Sign On"

Click "Enter Flu Records" or "Enter Covid Records" to begin entering data. Be sure to enter doses on the correct tab.

3

Enter Flu Records

Enter Covid Records

4

If the Org Code is not pre-populated, select the correct code from the dropdown menu. Please confirm with your local health department which org code you should use.

Org Code*	DOH ▼
Clinic Name	<input type="text"/>
Date of Administration*	mm/dd/yyyy

Type in your clinic name. ("Clinic Name" is an open field. You can add any identifying information here.)

Next, enter the date the vaccines were administered.



If the Org Code field is blank, and there is no dropdown menu to select a code from, **STOP!** Contact MassVax@cdph.ca.gov before entering data. If you submit data with a blank org code field, all your data will be lost.

5

Use the text fields and dropdown menus to enter patient information. *Note: The COVID entry page also includes occupation as a required field.*

Last Name*	First Name*	Date of Birth*	Gender*	Race*	Ethnicity*	Mother's First Name
<input type="text"/>	<input type="text"/>	mm/dd/yyyy	▼	▼	▼	<input type="text"/>

You can type in the date of birth or use the calendar. If you use the calendar, pay careful attention to the birth year.

6

Patient's Zip Code*	Patient's City*	Vaccine Eligibility*	Vaccine*	Lot Number	Body Site*	Vaccinator Full Name*	Title*
<input type="text"/>	▼	▼	▼	<input type="text"/>	▼	<input type="text"/>	▼

Enter patient's zip code, city, eligibility, vaccine type, lot number, body site, and vaccinator's full name and title. (See the end of this guide for an explanation of titles in the

7

To delete a record, click “Delete” next to the record number.

To add blank records, click the “Blank” button.

To add multiple blank records at one time, enter the desired number of records in the field next to “Add Rows,” then click “Add Rows.”

Last Name* First

Delete 1

Add Rows 1 rows Blank ☒

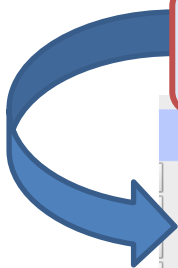
Delete 1

Add Rows 1 rows Blank ☐ Pre-populated (last vax info) ☒



Helpful tip: If you are entering multiple records for the same clinic, use the “Pre-populated” button. Eligibility, vaccine, lot number, body site, and vaccinator name and title will be duplicated.

Use “Add rows” to pre-populate multiple records at one time.



Edit the duplicated record by clicking in the relevant box and entering new information.

#	Last Name*	First Name*	Date of Birth*	Gender*
1	Test	Patient	10/01/1940	Male
2			mm/dd/yyyy	
3			mm/dd/yyyy	
4			mm/dd/yyyy	

8

Once you are finished entering records, click the “Submit” button.

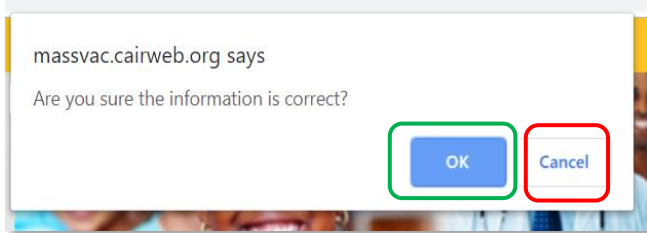
Submit

[View CDPH's privacy policy](#)

© 2010 California Immunization

9

A window will pop, asking if you are sure the information is correct.



Click "OK" to complete submission of your data. Click "Cancel" if you'd like to correct something before submitting.

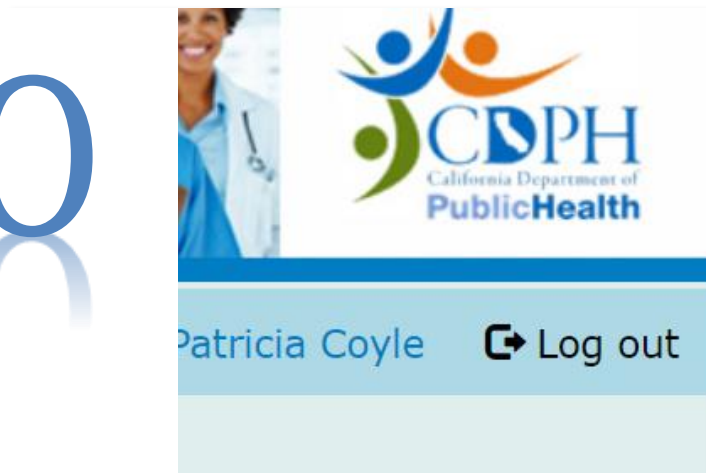


Fields with an * are required. If any required fields are blank, you will receive an error message. Your report will not be accepted until all required information has been provided.



You will be able to see clinic data you submitted under your provider * code in CAIR2. However, you will not be able to see clinic data you submitted under the county provider code.

10



Click "Log out" once you're finished submitting records.

Notes:



If you forget your password, email MassVax@cdph.ca.gov

! After 20 minutes of inactivity the system will time out. You will lose unsubmitted data.



You cannot correct errors after the data has been submitted. If you realize an error after submission, email CAIRhelpdesk@cdph.ca.gov

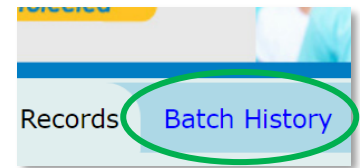


If you have questions, contact MassVax@cdph.ca.gov

Viewing, Searching, and Printing Previous Submissions

1

To view your previous data submissions, click on “Batch History.”



Select the batch you want to view from the list by clicking on the Batch ID.

Submitted Batch History				
Batch ID	Org Code	Clinic Name	Created Date	No o
92	01ADMIN	Flu Be Gone	09-11-2020	5
84	01ADMIN	Knock Out the Flu	09-10-2020	4

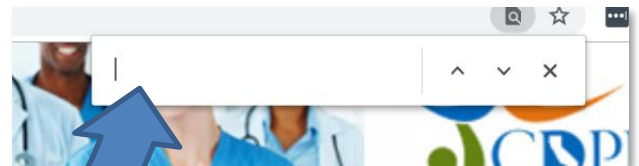


- You cannot view records submitted by another user.
- Previous season batches will be listed; however, batch details are only available for the current season.

2

To search for a particular record in a previous submission:

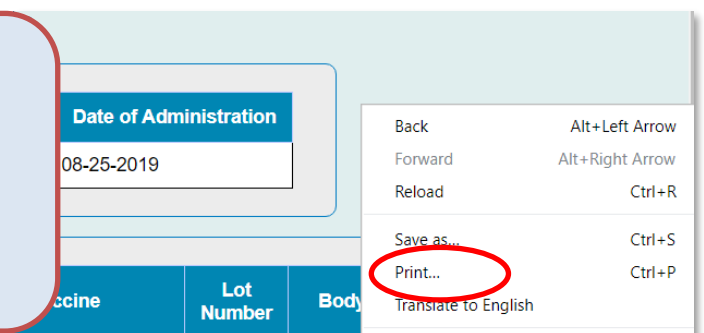
- First, select the batch.
- Then press Ctrl+F and enter your search term in the search field.



3

To print records:

- Select the batch from the Submitted Batch History list.
- The “Batch Details” will pop up.
- Right click on the Batch Details report page and select “print.”

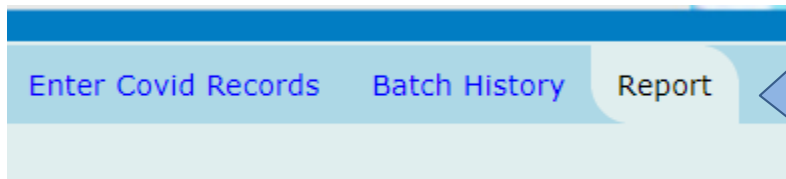


Generating a Provider Report

 This report is intended for local health department use but is available for all users.

1

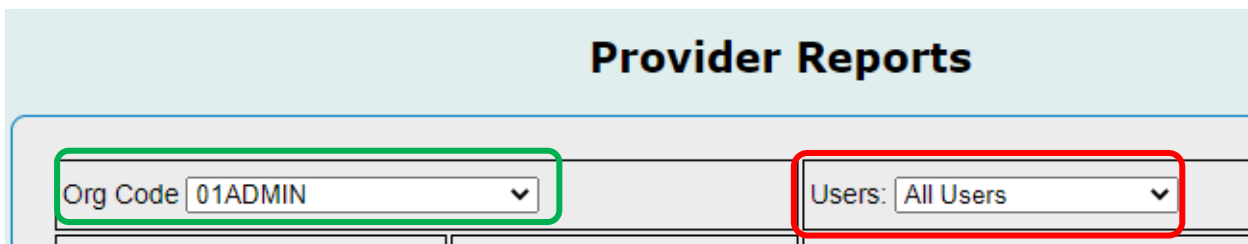
You can generate a report that lists the number of records submitted by users for a specific provider. To generate a provider report, click the “Report” tab.



Enter Covid Records Batch History Report

2

On the “Provider Reports” page, select the provider’s Org Code from the dropdown menu.

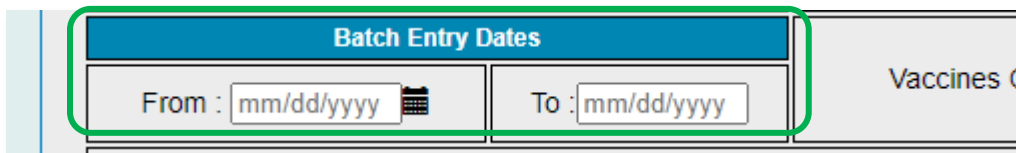


Provider Reports


Org Code 01ADMIN ▼ Users: All Users ▼

Next, use the dropdown menu to select a particular user. If you do not select a particular user, your report will include all users for that provider.

3



Batch Entry Dates

From : mm/dd/yyyy  To : mm/dd/yyyy

Enter the date range for your report. You can use the calendar or enter the date by hand. Keep in mind:

- “From” and “To” dates reflect the date the record was created, NOT the vaccine administration date.
- If you hand enter the date, you must use the “mm/dd/yyyy” format or you will get an error message.

4

Use the dropdown menu to select the vaccine(s) you would like to include in your report.

Users: All Users ▼

Vaccines Group: Please select Vaccine Group ▼

Please select Vaccine Group

Flu Vaccines

COVID Vaccines

Other Vaccines

Submit

5

Click “Submit” to generate your report.

The report will show the number of reports submitted by user for the selected provider.

09/08/2020

Vaccines Group

Submit

Org Code	User First Name	User Last Name	Record Count
01ADMIN	Sree	Adama	4
01ADMIN	Cheryl	Scott	1
01ADMIN	Jag	Talluri	5

Description of Vaccinator (Shot Giver) Titles

Title	Description
DO	Doctor of Osteopathic Medicine
EMT-P	Emergency Medical Technician – Paramedic
FNP	Family Nurse Practitioner
LPN	Licensed Practical Nurse
LVN	Licensed Vocational Nurse
MA	Medical Assistant
MD	Doctor of Medicine
NP	Nurse Practitioner
PA	Physician Assistant
PHARMD	Doctor of Pharmacy
PHN	Public Health Nurse
RN	Registered Nurse
RPH	Registered Pharmacist
STU	Student (e.g., supervised medical, pharmacy or nurse)